

POSITION	INITIALS	ID NO.	DATE
	SF		10-18-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LY	708	1-22-02
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/10/02
2	✓	✓	3/10/02
3	✓	✓	3/10/02
4	✓	✓	3/10/02
5	✓	✓	3/10/02
6	✓	✓	3/10/02
7	✓	✓	3/10/02
8	✓	✓	3/10/02
9	✓	✓	3/10/02
10	✓	✓	3/10/02
11	✓	✓	3/10/02
12	✓	✓	3/10/02
13	✓	✓	3/10/02
14	✓	✓	3/10/02
15	✓	✓	3/10/02
16	✓	✓	3/10/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

2/12/02